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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 370

Registered No. 1918

1. PLACE OF DEATH

County Yavapai State Arizona

District or Township ______ or Village ______ or

City Prescott No. ______ St., ______ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME John C. Hill

(a) Residence. No. Humboldt Arizona St., ______ Ward.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred ______ yrs. ______ mos. ______ ds. How long in U. S. if of foreign birth? ______ yrs. ______ mos. ______ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ______

6. DATE OF BIRTH (month, day and year) Feby 2-1863

7. AGE: Years 63, Months 5, Days 28; IF LESS than 1 day ______ hrs. or ______ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Section Foreman

(b) General nature of industry, business or establishment in which employed (or employer) ______

(c) Name of employer ______

9. BIRTHPLACE (city or town) No record
(State or country) Tenn

PARENTS

10. NAME OF FATHER No record

11. BIRTHPLACE OF FATHER (city or town) No record
(State or country) No record

12. MAIDEN NAME OF MOTHER No record

13. BIRTHPLACE OF MOTHER (city or town) No record
(State or country) No record

14. Informant Mrs. John C. Hill
(Address) Humboldt Arizona

15. Filed ______ 19__ Henry T. Southworth Registrar.

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Aug. 18 1926

17. I HEREBY CERTIFY, That I attended deceased from ______, 19__ to Aug 18, 1926

that I last saw him alive on Aug 18, 1926

and that death occurred, on the date stated above, at 9 P.m.

The CAUSE OF DEATH* was as follows: Pulmonary Embolism

10 min.

(duration) ______ yrs. ______ mos. ______ ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) ______ yrs. ______ mos. 15 ds.

18. Where was disease contracted if not at place of death? ______

Did an operation precede death? No Date of ______

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H T Southworth, M. D.

Aug 19, 1926 (Address) Prescott

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mt. View Cem Prescott Arizona

DATE OF BURIAL Aug. 20-26

20. UNDERTAKER Lester Ruffner

ADDRESS Prescott Ariz.